

Area 5, Central Texas
HMAZ—North IH-35 Corridor
 Tab 7 – Intervention Selection Form

Subpopulation: ALL SUBPOPULATIONS

Ranking: H

Name of Intervention	AIDS Education for Drug Abusers (C1-6)	
Risk Behavior(s)	IDU and sex related HIV risk behaviors	
Influencing Factor(s) or FIBs	Group pressure Peer pressure Social support Intentions Self-esteem	Cultural norms Expected outcomes Environmental facilitation (access to condoms and bleach kits)
Intended Immediate Outcomes	Increase condom use with main and non-main partners Increase disinfection of injection equipment	
Type	Community level intervention (CLI)	
Setting	Inpatient drug detoxification and rehabilitation center	
Is this intervention currently being provided in your planning area?	Yes	
Rationale for selecting this intervention:	High-risk population our area. Identified HIV+ individuals from these settings.	

Area 5, Central Texas
HMAZ—North IH-35 Corridor
 Tab 7 – Intervention Selection Form

Subpopulation: ALL SUBPOPULATIONS

Ranking: H

Name of Intervention	Reduction of high-risk sexual behavior among heterosexuals undergoing HIV antibody testing-PCPE (C-15)	
Risk Behavior(s)	IDU and sex high-risk behaviors	
Influencing Factor(s) or FIBs	Group pressure Peer pressure Self-esteem Social support	Cultural norms Expected outcomes Environmental facilitation (access to condoms and bleach kits)
Intended Immediate Outcomes	Increase condom usage all partners Provide HIV testing and counseling	
Type	CLI, ILI	
Setting	STD Clinic, Community venues	
Is this intervention currently being provided in your planning area?	A modified version is being used	
Rationale for selecting this intervention:	Provides testing and counseling to individuals at high risk for HIV	

Area 5, Central Texas
HMAZ—North IH-35 Corridor
 Tab 7 – Intervention Selection Form

Subpopulation: MMS AFRICAN AMERICAN
 MMS WHITE

MMA HISPANIC

Ranking: H

Name of Intervention	**Mpowerment Project (C-16)
Risk Behavior(s)	Unprotected anal sex
Influencing Factor(s) or FIBs	Self-efficacy Expected outcomes Social support Group norms
Intended Immediate Outcomes	Condom use Communication skills
Type	CLI
Setting	Community venues where young gay men congregate
Is this intervention currently being provided in your planning area?	Some parts but not entire program
Rationale for selecting this intervention:	To reduce HIV risk behavior in this high risk subpopulation

**Area 5, Central Texas
HMAZ—North IH-35 Corridor**

Subpopulation: MMS AFRICAN AMERICAN
MMS HISPANIC
MMS WHITE

RANKING: H

Name of Intervention	Dot. Com –CDC research study in progress
Risk Behavior(s)	Reduce unprotected anal sex among men who have sex with men Reduce “newer using” condoms with steady and casual sex partners
Influencing Factor(s) or FIBs	Self efficacy Self esteem Peer pressure Communication and negotiation skills Cultural norms Perceived susceptibility
Intended Immediate Outcomes	Reduce high risk behaviors Increase condom usage Communication skills
Type	IL and GLI
Setting	Internal MMS online chat-rooms
Is this intervention currently being provided in your planning area?	No
Rationale for selecting this intervention:	Increased perception of risk Reduce HIV transmission Increased condom use Increase knowledge of available resources

Area 5, Central Texas
HMAZ—North IH-35 Corridor
 Tab 7 – Intervention Selection Form

Subpopulation: ALL SUBPOPULATIONS

Rankings: Same as the corresponding group in the selected HMAZ, LMAZ

Name of Intervention	Prevention Counseling/Partner Elicitation (PCPE)
Risk Behavior(s)	Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Environmental facilitators (access to condoms and testing) Knowledge of STDs Group or Cultural Norms
Intended Immediate Outcomes	Increase proportion of HIV -infected persons who know their status Increase condom use Improve communication and negotiation skills Improve self perception of risk Provide access to condoms and testing Improve knowledge of STDs Reduce Number of sex partners
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other community-based locations
Currently provided?	Yes
Rationale for selecting intervention:	<p>Counseling, testing, referral and partner services have been recommended as an effective intervention for all populations in Texas. In the Centers for Disease Control and Prevention's <i>HIV Prevention Strategic Plan Through 2005</i>, Goal 2 is to increase the proportion of HIV-infected people in the U.S. who know they are infected through voluntary counseling and testing. The CDC's objectives to meeting this goal support the inclusion of this intervention for all populations. These objectives include: improving access to voluntary, client-centered counseling and testing in high seroprevalance populations and increasing the number of providers who provide voluntary, client-centered counseling and testing. The core elements of this intervention include risk assessment, risk reduction plan, and the option to test for HIV either anonymously or confidentially.</p> <p>The Texas CPGs recommend the following strategies to promote PCPE:</p> <ol style="list-style-type: none"> 1) Fact Sheet p. 31. <i>Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women</i>. This 20-minute video increased the likelihood that women would view HIV as a personal risk, to request condoms, to talk with friends about AIDS, and to get tested for HIV. 2) Fact Sheet p. 34 <i>Context Framing to Enhance HIV Antibody Testing Messages Targeted to African-American Women</i>. This 25-minute video

Area 5, Central Texas
HMAZ—North IH-35 Corridor

	<p>emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.</p> <p>3) Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.</p> <p>4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.</p> <p style="text-align: right;">pcpe</p>
--	---

Area 5, Central Texas
HMAZ—North IH-35 Corridor
 Tab 7 – Intervention Selection Form

Subpopulation: All **high priority** subpopulations, consistent with CDC Guidance, September 1997

Rankings: Same as the corresponding group in the selected HMAZ, LMAZ

Name of Intervention	Prevention Case Management (PCM)
Risk Behavior(s)	Multiple high risk behaviors consistent with HIV Prevention Case Management Guidance, September 1997 by the CDC Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Fatalism Self Efficacy Peer Pressure Cultural group norms
Intended Immediate Outcomes	Increase condom use Decrease number of partners Increase Self Esteem Referral for new HIV positives into Early Intervention Programs Referral of HIV positives into more intensive Intervention Programs that address the Factors Influencing the Risky Behavior.
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other locations
Currently provided?	No
Rationale for selecting intervention:	<p><i>This intervention should target only high-risk individuals, whether HIV-positive or HIV-negative, with multiple, complex problems and risk-reduction needs.</i></p> <p>This intensive, client-centered prevention activity has the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors. It is suitable for individuals seeking stability and regularity in their lives and/or individuals who are reaching an action step in dealing with health concerns. PCM should include 1) client recruitment and engagement, 2) screening and assessment of HIV and STD risks and medical and psychosocial service needs, 3) development of a client-centered prevention plan, 4) multiple session HIV risk-reduction counseling, 5) active coordination of services with follow-up, 6) monitoring and reassessment of client's needs, risks, and progress, and 7) discharge from PCM services upon attainment and maintenance of risk-reduction goals.</p> <p style="text-align: right;">pcm</p>